

1 10A NCAC 13P .0102 is proposed for amendment as follows:

2
3 **10A NCAC 13P .0102 ~~AIR MEDICAL AMBULANCE~~ DEFINITIONS**

4 ~~As used in this Subchapter, "Air Medical Ambulance" means an aircraft specifically designed and equipped to~~
5 ~~transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew~~
6 ~~members approved for the mission by the medical director.~~

7 The following definitions apply throughout this Subchapter:

- 8 (1) "Advanced Trauma Life Support" means the course sponsored by the American College of
9 Surgeons.
- 10 (2) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association
11 identified to a specific county EMS system as a condition for EMS Provider Licensing as required
12 by Rule .0204 (a)(1), of this Subchapter.
- 13 (3) "Affiliated Hospital" means a non-Trauma Center hospital that is owned by the Trauma Center or
14 there exists a contract or other agreement to allow for the acceptance or transfer of the Trauma
15 Center's patient population to the non-Trauma Center hospital.
- 16 (4) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport
17 patients by air. The patient care compartment of air medical ambulances shall be staffed by
18 medical crew members approved for the mission by the medical director.
- 19 (5) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft
20 configured and operated to transport patients.
- 21 (6) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the medical
22 director with the medical aspects of the management of an EMS System or EMS SCTP.
- 23 (7) "Attending" means a physician who has completed medical or surgical residency and is either
24 eligible to take boards in a specialty area or is boarded in a specialty.
- 25 (8) "Board Certified, Board Certification, Board Eligible, Board Prepared, or Boarded" means
26 approval by the American Board of Medical Specialties, the Advisory Board for Osteopathic
27 Specialties, or the Royal College of Physicians and Surgeons of Canada unless a further sub-
28 specialty such as the American Board of Surgery or Emergency Medicine is specified.
- 29 (9) "Bypass" means the transport of an emergency medical services patient from the scene of an
30 accident or medical emergency past an emergency medical services receiving facility for the
31 purposes of accessing a facility with a higher level of care, or a hospital of its own volition
32 reroutes a patient from the scene of an accident or medical emergency or referring hospital to a
33 facility with a higher level of care.
- 34 (10) "Contingencies" mean conditions placed on a trauma center's designation that, if unmet, can result
35 in the loss or amendment of a hospital's designation.

- (11) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter.
- (12) "Clinical Anesthesiology Year 3" means an anesthesiology resident having completed two clinical years of general anesthesiology training. A pure laboratory year shall not constitute a clinical year.
- (13) "Deficiency" means the failure to meet essential criteria for a trauma center's designation as specified in Section .0900 of this Subchapter, that can serve as the basis for a focused review or denial of a trauma center designation.
- (14) "Department" means the North Carolina Department of Health and Human Services.
- (15) "Diversion" means the hospital is unable to accept a pediatric or adult patient due to a lack of staffing or resources.
- (16) "E-Code" means a numeric identifier that defines the cause of injury, taken from the ICD.
- (17) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects of approved EMS educational programs in continuing education, basic, and advanced EMS educational institutions.
- (18) "EMS Care" means all services provided within each EMS System that relate to the dispatch, response, treatment, and disposition of any patient that would require the submission of System Data to the OEMS.
- (19) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS educational programs.
- (20) "EMS Nontransporting Vehicle" means a motor vehicle dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of EMT-I or EMT-P to the scene of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state.
- (21) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(a)(6b).
- (22) "EMS Performance Improvement Toolkits" mean one or more reports generated from the state EMS data system analyzing the EMS service delivery, personnel performance, and patient care provided by an EMS system and its associated EMS agencies and personnel. Each EMS toolkit focuses on a topic of care such as trauma, cardiac arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.
- (23) "EMS Provider" means those entities defined in G.S. 131E-155 (13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.
- (24) "EMS System" means a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to respond to medical emergencies and integrated with other health care providers and networks including, but not limited to, public health, community health monitoring activities, and special needs populations.

- (25) “EMS System Peer Groups” are defined as:
- (A) Urban EMS System means greater than 200,000 population;
 - (B) Suburban EMS System means from 75,001 to 200,000 population;
 - (C) Rural EMS System means from 25,001 to 75,000 population; and
 - (D) Wilderness EMS System means 25,000 population or less.
- (26) “Essential Criteria” means those items listed in Rules .0901, .0902, and .0903 of this Subchapter that are the minimum requirements for the respective level of trauma center designation (I, II, or III).
- (27) “Focused Review” means an evaluation by the OEMS of a trauma center's corrective actions to remove contingencies that are a result of deficiencies placed upon it following a renewal site visit.
- (28) “Ground Ambulance” means an ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for emergency or non-emergency medical care is anticipated either at the patient location or during transport.
- (29) “Hospital” means a licensed facility as defined in G.S. 131E-176.
- (30) “Immediately Available” means the physical presence of the health professional or the hospital resource within the trauma center to evaluate and care for the trauma patient without delay.
- (31) “Inclusive Trauma System” means an organized, multi-disciplinary, evidence-based approach to provide quality care and to improve measurable outcomes for all defined injured patients. EMS, hospitals, other health systems and clinicians shall participate in a structured manner through leadership, advocacy, injury prevention, education, clinical care, performance improvement and research resulting in integrated trauma care.
- (32) “Infectious Disease Control Policy” means a documented policy describing how the EMS system will protect and prevent its patients and EMS professionals from exposure and illness associated with contagions and infectious disease.
- (33) “Lead RAC Agency” means the agency (comprised of one or more Level I or II trauma centers) that provides staff support and serves as the coordinating entity for trauma planning in a region.
- (34) “Level I Trauma Center” means a hospital that has the capability of providing leadership, research, and total care for every aspect of injury from prevention to rehabilitation.
- (35) “Level II Trauma Center” means a hospital that provides trauma care regardless of the severity of the injury but may not be able to provide the same comprehensive care as a Level I trauma center and does not have trauma research as a primary objective.
- (36) “Level III Trauma Center” means a hospital that provides prompt assessment, resuscitation, emergency operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma center.
- (37) “Licensed Health Care Facility” means any health care facility or hospital licensed by the Department of Health and Human Services, Division of Health Service Regulation.

- 1 (38) "Medical Crew Member" means EMS personnel or other health care professionals who are
2 licensed or registered in North Carolina and are affiliated with a SCTP.
- 3 (39) "Medical Director" means the physician responsible for the medical aspects of the management of
4 an EMS System or SCTP.
- 5 (40) "Medical Oversight" means the responsibility for the management and accountability of the
6 medical care aspects of an EMS System or SCTP. Medical Oversight includes physician direction
7 of the initial education and continuing education of EMS personnel or medical crew members;
8 development and monitoring of both operational and treatment protocols; evaluation of the
9 medical care rendered by EMS personnel or medical crew members; participation in system or
10 program evaluation; and directing, by two-way voice communications, the medical care rendered
11 by the EMS personnel or medical crew members.
- 12 (41) "Mid-level Practitioner" means a nurse practitioner or physician assistant who routinely cares for
13 trauma patients.
- 14 (42) "Model EMS System" means an EMS System that is recognized and designated by the OEMS for
15 meeting and mastering quality and performance indicator criteria as defined by the OEMS.
- 16 (43) "Off-line Medical Control" means medical supervision provided through the EMS System
17 Medical Director or SCTP Medical Director who is responsible for the day to day medical care
18 provided by EMS personnel. This includes but is not limited to EMS personnel education,
19 protocol development, quality management, peer review activities, and EMS administrative
20 responsibilities related to assurance of quality medical care.
- 21 (44) "Office of Emergency Medical Services" means a section of the Division of Health Service
22 Regulation of the North Carolina Department of Health and Human Services located at 701
23 Barbour Drive, Raleigh, North Carolina 27603.
- 24 (45) "On-line Medical Control" means the medical supervision or oversight provided to EMS
25 personnel through direct communication in person, via radio, cellular phone, or other
26 communication device during the time the patient is under the care of an EMS professional. The
27 source of on-line medical control is typically a designated hospital's emergency department
28 physician, EMS nurse practitioner, or EMS physician assistant.
- 29 (46) "Operational Protocols" means the administrative policies and procedures of an EMS System that
30 provide guidance for the day-to-day operation of the system.
- 31 (47) "Participating Hospital" means a hospital that supplements care within a larger trauma system by
32 the initial evaluation and assessment of injured patients for transfer to a designated trauma center
33 if needed.
- 34 (48) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board
35 to practice medicine in the state of North Carolina.
- 36 (49) "Post Graduate Year Two" means any surgery resident having completed one clinical year of
37 general surgical training. A pure laboratory year shall not constitute a clinical year.

- 1 (50) "Post Graduate Year Four" means any surgery resident having completed three clinical years of
2 general surgical training. A pure laboratory year shall not constitute a clinical year.
- 3 (51) "Promptly Available" means the physical presence of health professionals in a location in the
4 trauma center within a short period of time, that is defined by the trauma system (director) and
5 continuously monitored by the performance improvement program.
- 6 (52) "Regional Advisory Committee (RAC)" means a committee comprised of a lead RAC agency and
7 a group representing trauma care providers and the community, for the purpose of regional trauma
8 planning, establishing, and maintaining a coordinated trauma system.
- 9 (53) "Request for Proposal (RFP)" means a state document that must be completed by each hospital
10 seeking initial or renewal trauma center designation.
- 11 (54) "State Medical Asset and Resource Tracking Tool (SMARTT)" means the Internet web-based
12 program used by the OEMS both daily in its operations and during times of disaster to identify,
13 record and monitor EMS, hospital, health care and sheltering resources statewide, including but
14 not limited to facilities, personnel, vehicles, equipment, pharmaceutical and supply caches.
- 15 (55) "Specialty Care Transport Program" means a program designed and operated for the provision of
16 specialized medical care and transportation of critically ill or injured patients between health care
17 facilities and for patients who are discharged from a licensed health care facility to their residence
18 that require specialized medical care during transport which exceeds the normal capability of the
19 local EMS System.
- 20 (56) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS
21 Instructor within a SCTP who is responsible for the coordination of EMS continuing education
22 programs for EMS personnel within the program.
- 23 (57) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic
24 deficit.
- 25 (58) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the
26 local EMS System who is responsible for the coordination of EMS continuing education
27 programs.
- 28 (59) "System Data" means all information required for daily electronic submission to the OEMS by all
29 EMS Systems using the EMS data set, data dictionary, and file format as specified in "North
30 Carolina College of Emergency Physicians: Standards for Medical Oversight and Data
31 Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent
32 amendments and additions. This document is available from the OEMS, 2707 Mail Service
33 Center, Raleigh, North Carolina 27699-2707, at no cost.
- 34 (60) "Transfer Agreement" means a written agreement between two agencies specifying the
35 appropriate transfer of patient populations delineating the conditions and methods of transfer.

- 1 (61) "Trauma Center" means a hospital facility designated by the State of North Carolina and
2 distinguished by its ability to immediately manage, on a 24-hour basis, the severely injured patient
3 or those at risk for severe injury.
- 4 (62) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
- 5 (63) "Trauma Center Designation" means a process of approval in which a hospital voluntarily seeks to
6 have its trauma care capabilities and performance evaluated by experienced on-site reviewers.
- 7 (64) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely
8 injured pediatric or adult patient due to a lack of staffing and/or resources.
- 9 (65) "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma
10 system.
- 11 (66) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the
12 trauma statewide database.
- 13 (67) "Trauma Patient" means any patient with an ICD-9-CM discharge diagnosis 800.00-959.9
14 excluding 905-909 (late effects of injury), 910.0-924 (blisters, contusions, abrasions, and insect
15 bites), and 930-939 (foreign bodies).
- 16 (68) "Trauma Program" means an administrative entity that includes the trauma service and coordinates
17 other trauma related activities. It must also include, at a minimum, the trauma medical director,
18 trauma program manager/trauma coordinator, and trauma registrar. This program's reporting
19 structure shall give it the ability to interact with at least equal authority with other departments
20 providing patient care.
- 21 (69) "Trauma Protocols" mean standards for practice in a variety of situations within the trauma
22 system.
- 23 (70) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data
24 elements that describe the injury event, demographics, pre-hospital information, diagnosis, care,
25 outcomes, and costs of treatment for injured patients collected and electronically submitted as
26 defined by the OEMS.
- 27 (71) "Trauma Service" means a clinical service established by the medical staff that has oversight of
28 and responsibility for the care of the trauma patient.
- 29 (72) "Trauma Team" means a group of health care professionals organized to provide coordinated and
30 timely care to the trauma patient.
- 31 (73) "Treatment Protocols" means a document approved by the medical directors of both the local EMS
32 System or Specialty Care Transport Program and the OEMS specifying the diagnostic procedures,
33 treatment procedures, medication administration, and patient-care-related policies that shall be
34 completed by EMS personnel or medical crew members based upon the assessment of a patient.
- 35 (74) "Triage" means the assessment and categorization of a patient to determine the level of EMS and
36 healthcare facility based care required.

1 (75) "Water Ambulance" means a watercraft specifically configured and medically equipped to
2 transport patients.

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4 *History Note:* *Authority G.S. 131E-155(a)(6b); 131E-162; 143-508(b), (d)(1), (d)(3), (d)(4), (d)(6),*
5 *(d)(7), (d)(8), (d)(13); 143-518(a)(5);*
6 *Temporary Adoption Eff. January 1, 2002;*
7 *Eff. April 1, 2003;*
8 *Amended Eff. January 1, 2009.*